



Quick Reference Guide

CHOC Health Alliance Prior Authorization Department

Online Portal: eznet.rchsd.org

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NOTE: Requests marked as “URGENT” should only be used if the treatment is required to prevent serious deterioration in the member’s health. Requests not meeting this definition will be handled as non-urgent.

The following services DO NOT require prior authorization when provided by an in-network provider with CHOC Health Alliance:

- Audiology Testing
- Bridge Clinic
- CHOC Breathmobile Services
- CHOC Thompson Center for Autism
- Culture of Specimen
- EEG
- EMG
- Flow Volume Loop
- Genetic Counseling
- Holter Monitoring
- Measure Blood Oxygen Level
- Microscopic Exam of Urine
- Nutrition Counseling
- Office Consultation/Follow-up, **except as noted on page 3 of this guide** (codes: 99201-99245)
- Pulmonary Function Testing
- Radiology Services (including X-ray, Ultrasound, CT Scan, MRI, DEXA, and Nuclear Medicine)
- Sleep Studies
- Stress Test
- Swallow/Dysphagia Study
- UCI Center for Autism
- Urinalysis
- Uroflowmetry



The following codes do not require a prior authorization (when provided by a contracted/in-network provider with CHOC Health Alliance):

10021	81000	92610	95782	97802
10022	81002	92611	95783	97803
30300	81015	93000	95800	97804
30901	92015	93005	95801	99201
30903	92060	93010	95805	99202
30905	92250	93224	95806	99203
30906	92504	93225	95807	99204
31231	92550	93226	95808	99205
31233	92551	93227	95810	99211
31235	92552	93241	95811	99212
31237	92553	93242	95812	99213
31575	92554	93243	95813	99214
31579	92555	93244	95816	99215
31615	92556	93245	95819	99241
41010	92557	93246	95822	99242
41520	92558	93247	95824	99243
51736	92562	93248	95830	99244
51741	92563	93303	95860	99245
51784	92565	93304	95861	99354
51785	92567	93306	95863	99355
51798	92568	93307	95864	99358
69105	92570	93308	95865	99359
69200	92571	93320	95866	99415
69205	92572	93321	95867	99416
69209	92575	93325	95868	99417
69210	92576	94010	95869	S0265
69220	92577	94060	95870	X4500
69222	92579	94375	95872	X4501
76536	92582	94720	95873	X4530
77080	92583	94726	95874	X4540
78075	92584	94727	95885	Z5802
78708	92587	94728	95886	Z7500
78710	92588	94760	95887	



SPECIALIST SERVICES REQUIRING PRIOR AUTHORIZATION

All hospital based procedures and surgeries not noted above.

Ophthalmology Services/Testing (excludes E&M Codes and codes 92015, 92060, and 92250)

All Podiatry Services (Including consults/E&M Codes)

Office based procedures (diagnostic testing, minor surgical procedures, etc. not noted above)

SERVICES REQUIRING PRIOR AUTHORIZATION

All Out of Network/Non-Contracted providers (excludes ER and Family Planning services)	Home Health/Hospice/Palliative Care
All Inpatient Services (excludes ER and Family Planning services)	Infused Medications
Acupuncture	Injectable Drugs, including chemotherapy, provided in an office or hospital setting
Chiropractic Services	Medical/Incontinence Supplies
Dialysis	Non-emergency medical transportation
Dr. Riba's Health Club	Orthotics and Prosthetics
Durable Medical Equipment (DME)	Surgical Procedures
Genetic Testing	Therapy Services (Occupational Therapy, Physical Therapy, Speech Therapy)
Hearing Aids/Cochlear Implants	

SERVICES NOT AUTHORIZED BY CHA

Behavioral Health Services (Including ABA Therapy, Psychiatry, Psychology, etc.) – CalOptima – 1-855-877-3885	Dental Services – Denti-Cal 1-800-322-6384
Diabetic Supplies (including Continuous Glucose Monitors & Insulin Infusion Pump Supplies) – Medi-Cal Rx – 1-800-977-2273	Enteral Formula – Medi-Cal Rx – 1-800-977-2273
Pharmacy/Home Self-Injectable – Medi-Cal Rx – 1-800-977-2273	Vision Services – VSP – 1-800-438-4560